

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

	CIR/DIST/DIV. CODE MAX	EPRESENTED k, Robert					VOUCHER NUMBER					
	mag. dkt/def, number 4:05-001649-001	4. DIST. DKT./DEF. NUMBE			5. APPEALS DKT./DEF. NI			UMBER 6.		OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. Denmark			8. PAYMENT Felony		9. TYPE PERSON REPRES Adult Defendant				(See Instructions) Criminal Case		ATION TYPE	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1326A.F REENTRY OF REMOVED ALIEN												
12. ATTORNEY'S NAME (First Name, M.L., Last Name, including any suffix) AND MAILING ADDRESS Underhill, Walter H. 66 Long Wharf Boston MA 02110 Telephone Number: (617) 523-5858 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)						13. COURT ORDER \[\text{\$\tex						
CEAM FOR SERVIGES AND EXPENSES TO SERVICE ONLY												
	CATEGORIES (Attach			но	OURS IMED	TO'	TAL DUNT IMED	MATH/IECH ADJUSTED HOURS	-	TH/TECH JUSTED JOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/o	r Plea						1			2 1A I	<u> </u>
ļ	b. Bail and Detention	Hearings										
ı	c. Motion Hearings											
'n		d. Trial				<u> </u>		altario 1			o de la companya de l	
C		e. Sentencing Hearings								16.		
u		f. Revocation Hearings				(*)						
ï	g. Appeals Court	g. Appeals Court						41.7				
	h. Other (Specify on additional sheets)							4				
(Rate per hour = \$				OTALS:								
16.	a. Interviews and Conferences							1.50		72.6	114	
Out	b. Obtaining and reviewing records						1					
o	c. Legal research and brief writing											
f C	d. Travel time											
0 u	e. Investigative and Other work (Specify on additional sheets)											
ť	(Rate per hour =	s)	TO	TALS:		•		gar are the de-		" 20 al 38 7 39	MCAN SEE	
17.	70 47		meals, mileage, e		李维·	And a			A. 4. 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
18.	-		transcripts, etc.						10.4			
	A MAR CRAN	7.7				4.7i						
19.					1447.4Z	指数并	1		學有什么學	_		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROMTO						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION						
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Consense of the source in connection with this I swear or affirm the truth or correctness of the above statements.												
Signature of Attorney: Date: APPROVED FOR PAYMENT - COURT USE ONLY APPROVED FOR PAYMENT - COURT USE ONLY												
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EX						1			EXPENSES		27. TOTAL AMT, APPR / CERT	
28.	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					_	DATE			28a. JUDGE/MAG. JUDGE CODE		
29.	O. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL E					PENSES	3	32. OTHER EXPENSES			33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APP EALS (OR DELEGATE) Payri approved in excess of the statutory threshold amount.						ment	Г	DATE			34a. JUDGE CODE	